PROBATION SOCIAL INVESTIGATION

OFFENDER NAME	DOC NUMBER	SOCIAL SECURITY NUMBER	DATE COMPLETED

NOTE: The provision of the Social Security Number is voluntary; however, the SSN is a means used to identity the offender. Failure to provide the SSN may impede the investigation.

Description of Current Offense (Include How Offender was Arrested and Original Charge if Different)

WAS THERE ANY ALCOHOL OR DRUGS USED AT THE TIME OF OFFENSE? ☐ Yes ☐ No

IF YES, WHAT?

Prior Record (Adult and Juvenile)

DATE	LOCATION	OFFENSE	DISPOSITION

HAVE YOU EVER BEEN ON PROBATION/PAROLE? ☐ Yes ☐ No

WAS IT JUVENILE OR ADULT SUPERVISION? ☐ Juvenile ☐ Adult

HAVE YOU EVER BEEN IN JAIL? ☐ Yes ☐ No

IF YES, EXPLAIN

HAVE YOU EVER BEEN IN PRISON? ☐ Yes ☐ No

IF YES, EXPLAIN

ARE YOU A UNITED STATES CITIZEN? ☐ Yes ☐ No PLACE OF BIRTH?

IF NO, WHAT IS YOUR STATUS IN THE UNITED STATES?

VISA NUMBER	IMMIGRATION NUMBER	COUNTRY OF ORIGIN

AGENT COMMENTS (Explanation of Record / Client take Responsibility)

PENDING CHARGES (Any, Including Traffic / Municipal)

CHARGE	COURT DATE	CHARGE	COURT DATE

FAMILY BACKGROUND INFORMATION

MOTHER (Full Name)	DOB OR AGE	TELEPHONE NUMBER
ADDRESS		OCCUPATION
FATHER (Full Name)	DOB OR AGE	TELEPHONE NUMBER
ADDRESS		OCCUPATION
STEP-PARENT	DOB OR AGE	TELEPHONE NUMBER
ADDRESS		OCCUPATION

ARE PARENTS ☐ MARRIED ☐ DIVORCED - IF DIVORCED, WHEN _____ ☐ OTHER: _____

LIST BROTHER(S) / SISTER(S) (Include Step and Half Brothers and Sisters)

NAME	DOB	LOCATION	CRIMINAL HISTORY / ON SUPERVISION

WHO RAISED YOU? _____

WERE YOU EVER IN A FOSTER HOME / SHELTER CARE / GROUP HOME? ☐ Yes ☐ No

IF YES, EXPLAIN _____

WAS SOCIAL SERVICES EVER INVOLVED WITH YOUR FAMILY? ☐ Yes ☐ No

IF YES, EXPLAIN _____

ADDITIONAL FAMILY ISSUES (Parents or Primary Care Givers)

DID YOUR FAMILY MOVE OFTEN? ☐ Yes ☐ No

WAS THERE VIOLENCE IN YOUR HOME? ☐ Yes ☐ No

DID YOU EXPERIENCE ANY TRAUMATIC CHILDHOOD EVENTS? ☐ Yes ☐ No

DID YOUR FAMILY HAVE MONEY PROBLEMS? ☐ Yes ☐ No

WAS YOUR FAMILY ON AFDC, FOOD STAMPS, ETC? ☐ Yes ☐ No

DID YOUR PARENT(S)/CARE GIVER DRINK ALCOHOL OR USE DRUGS? ☐ Yes ☐ No

DOES YOUR PARENT(S)/CARE GIVER HAVE A CRIMINAL RECORD? ☐ Yes ☐ No

DOES YOUR PARENT(S)/CARE GIVER HAVE MENTAL HEALTH ISSUES? ☐ Yes ☐ No

DOES YOUR PARENT(S)/CARE GIVER HAVE ANY PHYSICAL HEALTH ISSUES? ☐ Yes ☐ No

AGENT COMMENTS

EDUCATION

HIGH SCHOOL GRADUATE	☐ Yes ☐ No	YEAR		WHERE	
HSED / GED / ALTERNATIVE	☐ Yes ☐ No	YEAR		WHERE	
ATTENDED COLLEGE	☐ Yes ☐ No	YEAR		WHERE / MAJOR	
COLLEGE GRADUATE	☐ Yes ☐ No	YEAR		WHERE / MAJOR	
TECH SCHOOL	☐ Yes ☐ No	YEAR		WHERE / MAJOR	

LAST GRADE COMPLETED _____ REASON FOR QUITTING SCHOOL _____

ADDITIONAL EDUCATIONAL INFORMATION

WERE YOU EVER IN SPECIAL EDUCATION? ☐ Yes ☐ No

IF YES, WHERE AND WHEN? _____

WERE YOU EVER EXPELLED FROM SCHOOL? ☐ Yes ☐ No

IF YES, EXPLAIN _____

WERE YOU EVER SUSPENDED FROM SCHOOL? ☐ Yes ☐ No

IF YES, EXPLAIN _____

WHAT WERE YOUR GRADES IN HIGH SCHOOL? _____

DID YOU EVER HAVE ANY BEHAVIOR PROBLEMS IN SCHOOL? ☐ Yes ☐ No

IF YES, EXPLAIN _____

WERE YOU EVER TRUANT FROM SCHOOL? ☐ Yes ☐ No

IF YES, EXPLAIN _____

WERE YOU INVOLVED IN ANY EXTRA CURRICULAR ACTIVITIES? ☐ Yes ☐ No

IF YES, WHAT? _____

LIST YOUR ACCOMPLISHMENTS

AGENT COMMENTS

EMPLOYMENT HISTORY

PRESENT EMPLOYER	START DATE	HOURS	WAGE

EMPLOYER ADDRESS	EMPLOYER PHONE NUMBER

TYPE OF WORK/TITLE	SUPERVISOR'S NAME

IS YOUR EMPLOYER AWARE OF YOUR CONVICTION? ☐ Yes ☐ No

LIST ANY ADDITIONAL CURRENT EMPLOYMENT

PRIOR EMPLOYMENT

NAME	LOCATION	LENGTH OF EMPLOYMENT	TYPE OF WORK	REASON FOR LEAVING	TEMP AGENCY
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

HAVE YOU EVER HAD ANY PROBLEMS WITH YOUR BOSS? ☐ Yes ☐ No

IF YES, EXPLAIN

HAVE YOU EVER HAD ANY PROBLEMS WITH YOUR COWORKERS? ☐ Yes ☐ No

IF YES, EXPLAIN

AGENT COMMENTS

FINANCIAL

PRESENT MONTHLY INCOME _____ DID YOU FILE INCOME TAX PREVIOUS YEAR? ☐ Yes ☐ No

INCOME SOURCES: JOB ☐ SSI ☐ SSDI ☐ UNEMPLOYMENT ☐ CHILD SUPPORT ☐ WK COMP ☐

OTHER _____

ADDITIONAL HOUSEHOLD INCOME & SOURCE _____

DO YOU RECEIVE ☐ GENERAL ASSISTANCE ☐ MEDICAL ASSISTANCE ☐ FOOD STAMPS

LIST YOUR ASSETS (Vehicles, Property, Trust Funds, Bonds, Saving Account, Civil Judgment, Checking Account, Firearms, etc.)

MONTHLY EXPENSES

RENT / MORTGAGE		STUDENT LOANS		CHILD CARE	
UTILITIES (Water / Electric)		RESTITUTION / FINES		CREDIT CARDS	
PHONE		FOOD		CHILD SUPPORT	
CABLE/SATELLITE DISH		LOANS (Bank / Car)		RENT TO OWN ITEMS	
INTERNET SERVICE		TRANSPORTATION (gas, fare, etc.)			
ADDITIONAL / OTHER					

DEBTS (Utilities, Phone, Medical, Credit Cards, Child Support, Loans, Bankruptcies, Wage Assignments / Garnishments/Liens)

NAME OF CREDITOR(S)	TOTAL AMOUNT	STATUS (Delinquent / Current)

AGENT COMMENTS

MARITAL / RELATIONSHIPS

CURRENT STATUS ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED ☐ LIVING WITH SOMEONE

NAME OF SPOUSE OR LIVE-IN PARTNER _____ HIS/HER DATE OF BIRTH _____

DATE OF MARRIAGE / LENGTH OF RELATIONSHIP _____

PREVIOUS MARRIAGES / LIVE-IN RELATIONSHIP

NAME	DATES	REASON FOR SEPARATION

ARE YOU CURRENTLY IN A RELATIONSHIP? ☐ Yes ☐ No

IF YES, HIS/HER NAME AND DATE OF BIRTH _____

IS YOUR SIGNIFICANT OTHER AWARE OF THIS CURRENT OFFENSE? ☐ Yes ☐ No

WHAT IS HIS/HER OPINION ABOUT THE OFFENSE? _____

DOES YOUR SIGNIFICANT OTHER USE DRUGS OR ALCOHOL? ☐ Yes ☐ No

IF YES, EXPLAIN

DOES YOUR SIGNIFICANT OTHER HAVE MENTAL HEALTH ISSUES? ☐ Yes ☐ No

IF YES, EXPLAIN

HAS YOUR SIGNIFICANT OTHER EVER BEEN ARRESTED? ☐ Yes ☐ No

IF YES, EXPLAIN

CHILDREN

NAME	DOB	ADDRESS	OTHER PARENT

HAS SOCIAL SERVICES EVER BEEN INVOLVED WITH YOUR CHILDREN? ☐ Yes ☐ No

IF YES, EXPLAIN

ARE THEY CURRENTLY INVOLVED? ☐ Yes ☐ No

IF YES, EXPLAIN

NAME AND PHONE NUMBER OF SOCIAL WORKER

HAVE YOU EVER BEEN ARRESTED FOR DOMESTIC VIOLENCE? ☐ Yes ☐ No

IF YES, EXPLAIN

DO YOU HAVE A CURRENT RESTRAINING ORDER? ☐ Yes ☐ No

IF YES, EXPLAIN

AGENT COMMENTS

COMPANIONS / ASSOCIATES

ARE YOU AFFILIATED WITH A GANG? ☐ Yes ☐ No IF YES WHICH ONE?

LIST YOUR CLOSEST FRIENDS

NAME	AGE	ADDRESS	PHONE NUMBER	CRIMINAL HISTORY
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

WHAT DO YOU DO DURING YOUR FREE TIME?

AGENT COMMENTS

RESIDENTIAL HISTORY

CURRENT RESIDENCE ☐ RENT ☐ OWN ☐ STAYING WITH SOMEONE ☐ STAYING WITH PARENT(S)

OTHER MEMBERS OF HOUSEHOLD NAME	AGE	RELATIONSHIP	ON SUPERVISION (Type & Agent)

PREVIOUS RESIDENTIAL HISTORY ADDRESS	DATES	OTHER OCCUPANTS

AGENT COMMENTS

DRUG AND ALCOHOL USAGE

DRUG AND ALCOHOL USED	AGE FIRST USED	WHEN LAST USED	AGENT COMMENTS (amount, frequency, etc.)
Alcohol ☐			
Marijuana ☐			
Hashish ☐			
Cocaine ☐			
Crack ☐			
Methamphetamine/Amphetamine (crank, speed) ☐			
Hallucinogenic (PCP, LSD, mushrooms) ☐			
Prescription / Pills ☐			
Narcotics (heroin, morphine, codeine) ☐			
Inhalants (paint, glue, gas, rush) ☐			

DO YOU CURRENTLY HAVE AN ALCOHOL AND/OR DRUG PROBLEM? ☐ Yes ☐ No

HAVE YOU EVER HAD AN ALCOHOL AND/OR DRUG PROBLEM? ☐ Yes ☐ No

DO ANY OF YOUR FAMILY MEMBERS THINK YOU HAVE AN ALCOHOL AND/OR DRUG PROBLEM? ☐ Yes ☐ No

IF YES, EXPLAIN _____

HAVE YOU EVER BEEN REFERRED TO TREATMENT? ☐ Yes ☐ No

IF YES, EXPLAIN _____

ARE YOU CURRENTLY INTERESTED IN TREATMENT? ☐ Yes ☐ No

IF YES, EXPLAIN _____

AODA TREATMENT (Including Halfway Houses, Day Treatment, Hospital (VA), etc.)

TYPE / LENGTH	TREATMENT FACILITY	LOCATION	DATES	COMPLETED
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

AGENT COMMENTS

HEALTH HISTORY

HAVE YOU EVER BEEN DIAGNOSED WITH A MENTAL HEALTH PROBLEM? ☐ Yes ☐ No

IF YES, WHEN AND BY WHOM _____

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? ☐ Yes ☐ No

IF YES, LIST _____

HAVE YOU EVER TAKEN ANY MEDICATIONS TO HELP WITH ANXIETY, DEPRESSION, MOOD SWINGS, THINKING PROBLEMS, HEARING VOICES OR CONTROLLING YOUR BEHAVIOR? ☐ Yes ☐ No

IF YES, EXPLAIN _____

ARE YOU STILL ON THOSE MEDICATIONS? ☐ Yes ☐ No

IF YES, EXPLAIN _____

HAVE YOU EVER HAD ANY PSYCHIATRIC HOSPITALIZATIONS? ☐ Yes ☐ No

IF YES, EXPLAIN _____

HAVE YOU EVER ATTEMPTED SUICIDE? ☐ Yes ☐ No

IF YES, EXPLAIN _____

HAVE YOU BEEN THINKING ABOUT COMMITTING SUICIDE LATELY? ☐ Yes ☐ No

IF YES, EXPLAIN _____

ARE YOU SEEING A DOCTOR REGULARLY FOR ANY MEDICAL OR MENTAL HEALTH CONDITIONS? ☐ Yes ☐ No

IF YES, EXPLAIN _____

DO YOU HAVE ANY SERIOUS ILLNESS, MEDICAL CONDITIONS? (sickle cell anemia, TB, STD's, hepatitis, diabetes, cancer, etc.) ☐ Yes ☐ No

IF YES, EXPLAIN _____

HAVE YOU HAD ANY SERIOUS ILLNESSES / INJURIES/HOSPITALIZATIONS OR PHYSICAL DISABILITIES? ☐ Yes ☐ No

IF YES, EXPLAIN _____

ARE THERE SPECIAL CONDITIONS YOUR AGENT SHOULD BE AWARE OF? (seizures, TB, insulin injections, inhaler, pregnant, etc.) ☐ Yes ☐ No

IF YES, EXPLAIN _____

HAVE YOU EVER BEEN A VICTIM OF EMOTIONAL OR PHYSICAL ABUSE? ☐ Yes ☐ No

IF YES, EXPLAIN

DO YOU HAVE HEALTH INSURANCE? IF YES, CHECK TYPE BELOW: ☐ Yes ☐ No

☐ EMPLOYER PROVIDED ☐ VETERANS ADMINISTRATION ☐ HEALTH INSURANCE MARKETPLACE / PURCHASED PLAN

☐ BadgerCare Plus ☐ Elderly, Blind or Disabled Medicaid ☐ Medicare

☐ Other:

AGENT COMMENTS

SEXUAL HISTORY

ARE YOU A VICTIM OF SEXUAL ABUSE? ☐ Yes ☐ No IF YES, WHAT AGE? _____

IF YES, WHAT IS YOUR RELATIONSHIP TO THE PERPETRATOR OF THIS ABUSE? _____

HAVE YOU BEEN ARRESTED / CONVICTED / ADJUDICATED OF A SEXUAL OFFENSE? ☐ Yes ☐ No

IF YES, WHAT WAS THE LOCATION OF YOUR ARREST AND VICTIMS AGE? (list below)

LOCATION _____ AGE _____ LOCATION _____ AGE _____

LOCATION _____ AGE _____ LOCATION _____ AGE _____

ARE YOU REQUIRED TO REGISTER AS A SEX OFFENDER? ☐ Yes ☐ No

IF YES, EXPLAIN

AGENT COMMENTS

MILITARY

ARE YOU REGISTERED WITH SELECTIVE SERVICE? ☐ Yes ☐ No

MILITARY SERVICE ☐ Yes ☐ No DATE ENTERED _____ BRANCH OF SERVICE _____

HIGHEST RANK _____ TYPE AND DATE OF DISCHARGE _____

WHERE SERVED _____ COMBAT EXPERIENCE? ☐ Yes ☐ No

ANY SPECIALIZED TRAINING? ☐ Yes ☐ No WHAT KIND? _____

DO YOU HAVE DD214 ☐ Yes ☐ No ELIGIBLE FOR VA BENEFIT ☐ Yes ☐ No RECEIVING VA BENEFITS? ☐ Yes ☐ No

OTHER

DESCRIBE YOURSELF AS A PERSON

WHAT THINGS WOULD YOU LIKE TO CHANGE ABOUT YOURSELF?

VICTIM INFORMATION

AGENT COMMENTS

COLLATERAL INFORMATION

AGENT COMMENTS